

# UNITED STATES DISTRICT COURT NORTHERN DISTRICT OF INDIANA

[Use this form to sue for employment discrimination. NEATLY print in ink (or type) your answers.]

Joshua Darrell Scully  
[You are the **PLAINTIFF**, print your full name on this line.]

v.

City of Michigan City Street Dept  
[The **DEFENDANT** is who you are suing.]

Case Number 3:21-CV-973 RLM-MGG

[For a new case in this court, leave blank.  
The court will assign a case number.]

[The top of this page is the caption. Everything you file in this case must have the same caption.  
Once you know your case number, it is VERY IMPORTANT that you include it on everything you send  
to the court for this case. DO NOT send more than one copy of anything to the court.]

## EMPLOYMENT DISCRIMINATION COMPLAINT

1. My address is: 812 Emily St, Michigan City, In, 46360
2. My telephone number is: (219) 561-9669
3. The Defendant's address is: 1801 Kentucky St, Michigan City, In, 46360
4. This action is brought for employment discrimination pursuant to:  
☐ Title VII of the Civil Rights Act of 1964, 42 U.S.C. §§ 2000e to 2000e-17.  
[race, color, gender, religion, national origin]  
☐ Age Discrimination in Employment Act of 1967, 29 U.S.C. §§ 621 to 634.  
☒ Americans with Disabilities Act of 1990, 42 U.S.C. §§ 12112 to 12117.  
☐ Other: \_\_\_\_\_
5. I filed a charge of discrimination with the Equal Employment Opportunity Commission or the  
Indiana Civil Rights Commission on: 7-12-2021
6. The date on my Notice of Right to Sue letter is: N/A
7. The date I received my Notice of Right to Sue letter was: 9-22-2021

[DO NOT write in the margins or on the back of any pages. Attach additional pages if necessary.]

### CLAIMS and FACTS

DO: Write a short and plain statement using simple English words and sentences.

**DO NOT:** Quote from cases or statutes, use legal terms, or make legal arguments.

DO: Explain when, where, why, and how the defendant discriminated against you.

DO: Include every fact necessary to explain your case and describe your injuries or damages.

DO: Number any documents you attach and refer to them by number in your complaint.

**DO NOT:** Include social security numbers, dates of birth, or the names of minors.

DO: Number your paragraphs. [The first paragraph has been numbered for you.]

1. The supervisor and co-workers ~~disregard~~  
described my symptoms of my schizophrenia  
in their complaints. My supervisor  
also said "I'm not even sure if you knew where  
you were" during my termination which indicates  
that he knew that I had a disability. Instead  
of accommodating me for my disability he terminated  
me. I was fully aware about where I was  
at so my supervisor <sup>insulted me</sup> ~~insulted me~~ about my mental  
illness which is not retardation but is  
Schizophrenia, psychosis, hallucinations, delusions,  
asthma, atrial septal defect, manic symptoms  
and depression. To verify my disabilities  
please ~~review~~ review my medical history  
from Swanson Center that I have attached  
with this amended complaint which is pages  
2, 5, 6, 8, and 10 and ~~another~~ there is a second  
attachment that proves my disabilities which is  
pages 1-3. The supervisor opinion about ~~me~~ being  
concerned for my safety is false there were no ~~injuries~~  
injuries that occurred, I did not ~~threaten~~ threatened  
anybody, or put anyone life in danger. I also did not  
get injured while working.

**[DO NOT write in the margins or on the back of any pages. Attach additional pages if necessary.]**

**RELIEF** – If you win this case, what do you want the court to order the defendant to do?

Pay 75,000.00 (Seventy five thousand dollars  
for lost wages, discrimination, wrongful termination  
and ~~emotional~~ emotional distress.

**DOCUMENTS** – I have attached a copy of the following documents:

- ☐ Charge Of Discrimination form filed with the Equal Employment Opportunity Commission or the Indiana Civil Rights Commission
- ☒ Notice of Right to Sue letter
- ☐ Other: Medical records to prove my disabilities

**FILING FEE** – Are you paying the filing fee?

- ☐ Yes, I am paying the \$402.00 filing fee. I understand that I am responsible to notify the defendant about this case as required by Federal Rule of Civil Procedure 4. [If you want the clerk to sign and seal a summons, you need to prepare the summons and submit it to the clerk.]
- ☒ No, I am filing a Motion to Proceed In Forma Pauperis and asking the court to notify the defendant about this case.

[Initial Each Statement]

JS I will keep a copy of this complaint for my records.

JS I will promptly notify the court of any change of address.

JS I declare **under penalty of perjury** that the statements in this complaint are true.

Signature

Joshua D. Sawyer

Date

01-18-2022